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Abstract

The current Australian government is proposing an agenda focused around social inclusion in an attempt to address the complex issues associated with inequality evident in this country. Despite valiant attempts, many agencies struggle to offer inclusive services, particularly to families who have migrated to Australia from culturally and linguistically diverse (CaLD) backgrounds. In this study, we surveyed a range of programs identified by key informants as offering inclusive service delivery with the aim of identifying those aspects of their practice they believed facilitated successful inclusion. We then attempt to position our findings within recently emerging critiques of the concept of social inclusion, of which our participants appeared unaware. This critique addresses the fundamental purpose of social inclusion, and the strategies commonly used to achieve it, arguing that these are based on a deficit approach that positions those who are excluded as “other.” In identifying those who are excluded as “other” and attempting to include them into a hegemonic idea of civil society as functioning citizens, are agencies actually being racist?

Keywords

CaLD, migrants, social inclusion

Introduction

Inclusive practices in services for children and families from CaLD backgrounds need to follow a number of principles to address these children and families' complex needs. It will be argued here, that these principles should be grounded in recognition, and a sound understanding of discrimination and social oppression to which these members of our society are exposed. They should also be informed by a value position within which diversity is acknowledged and celebrated, and where beliefs and practices different from one's own are held in high esteem (as originally defined by Sims, Guilfoyle, Kulisa, Targowska, & Teather, 2008).

This article discusses a research project that was contracted to develop a resource paper to guide practice positioned within the Australian government's social inclusion agenda. We argue that the Gillard government's social inclusion agenda at that time was influencing the thinking behind provision of services for children and families from CaLD backgrounds and that a general acceptance of an understanding of social inclusion in the government's agenda (Australian Social Inclusion Board, 2011) as something that is “incontestably good” (Edwards, 2008) needs to be considered critically.

Background

Social inclusion is often defined by its obverse, social exclusion, on the assumption that social inclusion is what social exclusion is NOT. Exclusion can be identified as

... a complex and multi-dimensional process. It involves the lack, or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities available to the majority of people in society, whether in economic, social, cultural, or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole. (Levitas et al., 2007, p. 9)

Drivers of social exclusion include poverty, low income and income inequity, lack of access to employment, poor educational outcomes, poor health and well-being, lack of access to social supports and networks, exclusion from services, and social isolation (Department of the Prime Minister and Cabinet, 2010). When these risk factors combine, they create a compounding experience of disadvantage that is often self-reinforcing (Sims et al., 2008), frequently transmitting across generations. Migrants from CaLD backgrounds experience social exclusion in Australia in most of these categories and therefore are at risk of long-term and inter-generational exclusion.

Prejudice can contribute to minority status and result in migrants being more commonly found among the most

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disadvantaged groups in society (Hertzman, 2002). Evidence demonstrates that racism against migrants often contributes to lack of confidence that prevents active involvement in the Australian community (Healy, Hampshire, Ayres, Ellwood, & Mengede, 2007). As migrants' qualifications are often not recognized, their employment options become quite restricted (Sims et al., 2008). They are commonly under-employed, or unemployed. For example, analyses of the 2006 census data (Australian Bureau of Statistics, 2008b) show that 66% of Australians participate in the Australian workforce, but only 39.7% of those born in Iraq and 55.5% of those born in China do so. Nearly 70% of Iraqi women are not participating in the workforce. In 2006, the median individual income for Australians who were born in China was \$AU239 per week compared with \$AU484 for Australian-born people. Nearly 36% of recent migrants reported difficulty in obtaining employment. The most commonly reported difficulties were lack of Australian work experience or references (56%), language difficulties (35%), and lack of local contacts and networks (29%; Australian Bureau of Statistics, 2008a).

The Australian federal government policy on social inclusion (Department of the Prime Minister and Cabinet, 2010) acknowledges the above concerns and is an attempt to address the complex issues associated with inequality. The government's aim is to create ". . . prosperity with fairness . . ." which is to be achieved by the ". . . full social and economic participation of all Australians" (Gillard, 2008, cited in Hayes, Gray, & Edwards, 2008, p. 9).

There is widespread acknowledgment that to address social exclusion of migrant populations from CaLD backgrounds, the helping professions need to examine new approaches to working underpinned by the principle of cultural competency (Bridging Refugee Youth & Children's Services, 2002). We argue that past attempts to work with those from minority backgrounds have not been successful in addressing exclusion because

. . . the values, beliefs, meanings and practices from the dominant culture are the benchmarks against which other values and meanings are measured, and those outside these mainstream constructs are deemed as inferior . . . terms such as "capacity building" have currency, implying a deficit that needs rectifying . . . Furthermore, contemporary manifestations of racism include indifference to remediation of suffering, the failure to commit adequate and appropriate resources, and the refusal to acknowledge the wrongs and injustices perpetrated . . . (Briskman, 2008, pp. 86, 90)

Westoby (2008) also supports the need to rethink current Australian practice. He reflects that, to successfully engage CaLD groups in community development, he needed to ". . . rethink practice, draw on new analyses and approach practice in new ways" (p. 484). This article considers potential "new ways" through an analysis of what our case

study agencies deemed as successful in delivering inclusive services.

Method

The current article arose out of research undertaken on behalf of the Australian Research Alliance for Children and Youth (ARACY) that wished to produce a resource for practitioners to support them in the development and operation of programs to address the needs of children and families from CaLD backgrounds in Australia. ARACY tasked the research team with the responsibility of trying to interpret theoretical discussions and reflections in the literature, examine current inclusive practice through multiple case studies to identify successful models and strategies, and produce a topical article aimed at guiding practitioners currently developing and/or working in new programs. This resource is available on the ARACY website (Sims et al., 2008). Subsequent to the publication of the resource paper, the federal government released a range of information briefs in relation to the national social inclusion agenda, and these have been incorporated into our thinking for the current article, extending the original analysis through links to theory on social inclusion.

Given that the original brief for the research team was to collect multiple case study information, we chose to use a snowball sampling method to identify agencies delivering inclusive services, considered by others to be successful, to children and families from CaLD backgrounds across Australia. In the context of this research, "success" is defined as the creation of opportunities:

. . . to reach out to migrants, and when migrants are able to respond to the invitation by engaging. Long term consequences of such engagement are improved outcomes in CaLD families' employment, education, housing and health. However, connection to the new community and engagement in that new community only occurs when appropriate supports are made available to migrants. (Sims et al., 2008, p. 8)

We first established a Community Reference Group consisting of key people working in agencies identified by our funding body as successfully delivering inclusive services. Members of our Community Reference Group identified other agencies/programs they knew about across Australia. We contacted these stakeholders and asked them to recommend other services. We presented preliminary results of the project on a nation-wide webinar set up through our funding body, and participants in the webinar were asked to identify agencies/programs that demonstrated inclusive practice.

We then contacted each of the 65 identified organizations by email with information about the research. We received permission to proceed from 14 of them (we were unable, under the conditions of our ethics approval to

Table 1. Service Principles.

An ecological perspective	Disadvantage and exclusion must be addressed at different levels (individual, family, community, society). This links to “joined-up” practice—establishing inter-agency partnerships.
A focus on empowerment (capacity building)	Children, families, and communities are supported to make their own decisions and to take responsibility for themselves.
Cultural competence	A framework through which anti-racist strategies can be developed.

follow up those who did not respond to our initial contact) and undertook a semistructured interview. Case studies were written up from the phone interviews and details checked with the agency contact person. Finally, summaries of the case studies were presented in our report to the funding agency (Sims et al., 2008).

Data from the case studies were analyzed using a process of constant comparison (Glaser, 1965; Miles & Huberman, 1994) to identify themes. We sought common themes across the case studies and themes unique to specific cases. We triangulated the data through reference to the literature and through multiple analyses that were then compared for accuracy.

Results and Discussion

Our participants universally identified three key elements of high quality practice relating to inclusion (see Table 1). We will address each of these in turn in the following discussion. However, before we do so, we wish to begin with our reflection on social inclusion itself: the goal toward which they were all working.

Inclusion and Inclusive Practice

It is important to note that although the study participants were not asked about their understanding of the concept of social inclusion, in their comments about inclusive practice, they appeared to accept the view that social inclusion is incontestably beneficial and that all families want to be included. Social inclusion and exclusion appeared to be positioned as extremes on a continuum, and there was an assumption that, as we aim for one end of the continuum (inclusion), we will automatically have less exclusion:

The service identifies issues with an individual approach while ensuring that each family's cultures and beliefs are respected, but also linking each family into specific services or organisations to improve their knowledge and social integration within the local community. By providing this support to each parent it begins to empower them which in turn provides better and more inclusive outcomes for their children. (Case Study 6)

However, Webb (2010) argues it is possible to think of inclusion and exclusion in balance. Exclusion results when one group closes off opportunities from another group in an expression of the dominant ideology, and as ideologies

change, so do the groups that are excluded. The groups that are excluded challenge this closure through a process identified by Parkin (1979) as usurpation, attempting to capture power from advantaged groups. This usurpation can only arise within the excluded groups and, because it challenges the existing social order, is often perceived as revolutionary and illegal.

Resistance as a reaction to inclusion. Parkin's (1979) revolutionary approach is reflected in the positioning made by many of our participants of families who were not engaged in their services; these families were identified by them as “hard-to-reach” families. These were families with whom, despite their best efforts, they struggled to engage. In each case, participants discussed how they intensified their efforts, doing more of the same as they tried to use the strategies that had been successful with others. Participants talked about identifying community leaders, engaging staff from the same cultural background as disengaged families, and doing all in their power to reach out and consult with these families so they could offer appropriate services:

Within the community, asking people working with CaLD community for contacts, following these up and beginning relationships with key community participants was the pattern of initial development. This included the local chief a highly respected Samoan community leader. I had to earn his respect and continued to meet with him regularly, updating my progress. These links were based on personal connection, relationship building, integrity and honesty. (Case Study 10)

Although it could be true that the disengagement of some families could be a reflection of the system's inability to meet their specific needs, this explanation is based on the assumption underpinning the dominant discourse of social inclusion: that all families WANT to be included. Given the definition of social inclusion used above refers to inclusion into the “. . . normal relationships and activities available to the majority of people in society . . .” (Levitas et al., 2007, p. 9), it is likely that some families may reject this and seek to live differently.

Thus, another perspective could also be used to highlight this. The alternative construction is that “hard-to-reach” families are using disengagement as a strategy to demonstrate their resistance. Webb (2006, 2010) suggests that in pursuing a socially inclusive agenda, agencies are, in fact, undertaking “normalization”¹ (as originally defined by Wolfensberger, 1980): That is, that agencies are attempting to shape families in ways that best fit their understanding of what a socially

included citizen should be like. He argued that the daily practices of families and individuals show their capacity for reflective and creative action; that the everyday is the individual's point of resistance to the dominance of the state. Using this frame, "hard-to-reach" families are demonstrating considerable reflexivity (as defined by Webb, 2006)² in managing a successful resistance of the hegemonic: They are using their experiences of the world to create their own understandings and behaviors. Their strength lies in their silence, in their invisibility from the information-gathering tools of the state. Because of this, Webb argues, their everyday life is not at all captured in our understandings of social exclusion. This implies the services offered by the state are likely to be totally inappropriate, and there is little benefit to such families in engaging.

Does this mean that social service agencies cannot achieve the state's social inclusion goal as they act with clients? Will services always find there are "hard-to-reach" families who actively resist being brought into the mainstream of society? Does this mean while WHO is in these groups may change, there will always be such groups? Does this mean that our services, with the best intention, are fundamentally racist in that there is an unacknowledged agenda to avoid addressing issues of power and inequality?

Capacity Building

Our participants used the concept of empowerment/capacity building as a key building block in the way they conceptualized their work:

As this is a support service more time can be given to each family as they require, but the aim is to provide these families with the tools to become confident and independent in gaining the information they need and believing in the choices they make. (Case Study 7)

The case study agencies acknowledged that such an approach took time, and this was often problematic as funding contracts were short-term and immediate results impossible to demonstrate, thereby perpetuating an inability for programs to demonstrate their success. As one participant commented,

... as capacity is built, the family moves into another phase of life ... so after three years I have seen 2 cycles where the Playgroup is built, established, creating their own reading and language resources and then transitioning to school, leaving a gap in the leadership and participation level at Playgroup, so the cycle of capacity building begins again. With a timeline of 4 years, this project's time frame limits long term gains but equally does provide an impetus to find other ways to embed early childhood, and for me, emergent literacy frameworks, within the ... community. (Case Study 10)

Our reflection on this concept of capacity building takes us back to our earlier discussion in relation to social

inclusion and resistance to social inclusion. The original concept of empowerment by the Cornell Empowerment Group (1989) focused on process rather than product:

The process is characterised by mutual respect and caring between participants themselves, and between participants and workers. It involves people who lack an equal share of resources working together at the local community level to develop greater access to resources. The central theme of empowerment is that the very people who lack access to resources, are the people who must be primarily responsible for developing strategies to gain increased control. (Sims, 2002, pp. 65-66)

More recent developments, and the use of the concept of capacity building, tend to place more of a focus on product: the capacity to participate in society. For example, in an early definition, capacity building was positioned as "an essential development intervention towards the strengthening of civil society" (Eade, 1997, p. 2).

This brings with it implications that capacity building is about supporting people to become what is needed to maintain a civil society. All our reservations about the purpose of social inclusion, and the strategies people develop to resist social inclusion, thus become associated with the concept of capacity building. As community workers, are we in fact perpetuating racism in our focus on capacity building when we fail to address the question, "building capacity for what?"

Cultural Competence

A key element in the discourse of our participants is that of cultural competence. Without exception, they argued that their cultural competence is a key element in achieving social inclusion for families from CaLD backgrounds. Cultural competence as understood by our participants does not require workers to become "experts" in any culture represented in their client group. Instead, workers need to understand there are always opportunities for misunderstanding, and to actively listen and attempt to establish shared understandings. In the words of one of our participants, workers need to

... understand that there are multiple ways of seeing the world and acting in it, and that all can be equally valued and respected; that the worker's own individual values and beliefs are no "better" (or "worse") than those held by anyone else. (Sims et al., 2008, p. 26)

In more recent times, critiques of the concept of cultural competency suggest that this is a form of "new racism" (Pon, 2009), particularly because it positions individuals from various cultural groups as "other" without questioning the underlying power issues that result in that placement. None of our participants was aware of the underlying racism in this positioning, a circumstance not unexpected as

the literature is clear that this thinking is often silenced, marginalized (Augoustinos & Every, 2010), and hidden (Durey, 2010). Instead, cultural competence is presented as the framework for modern social work as it “constructs knowledge about cultural ‘others’ in a way that does not challenge social workers’ sense of innocence and benevolence” (Pon, 2009, p. 66). Critiques of the concept of cultural competence, and the identification of this as a racist strategy, thus imply that, no matter how culturally competent an agency might strive to be, it is ultimately doomed to fail because the very manner in which it is trying to address social inclusion is, in itself, flawed.

Integrated Service Delivery

A joined-up approach to service delivery is now widely recognized and is part of the Australian Federal Government’s Social Inclusion focus (Hayes et al., 2008). Our participants all argued that this is operationalized by sharing information, trust in each other, and the breaking down of traditional service boundaries between different agencies. For example,

The project is working collaboratively with Case Study 4 . . . (this organisation) has the resources to work with individual CaLD families and to link them to services in the area—the combination of both projects and the expertise has enabled the two projects to achieve together what each on its own could not have done. (Case Study 3)

Developing inter-agency partnerships, collaborative working practices, and, ultimately, service integration requires practitioners to recognize the role of trustworthy relationships in their work: relationships between workers and children/families/communities/other agencies. Such relationships are difficult to establish and maintain, and there are significant volumes of work now available supporting practitioners to undertake this work (e.g., Anning, Cotrell, Frost, Green, & Robinson, 2010; Burton, 2012; Gasper, 2010; Mitchell, 2012; Murdoch Children’s Research Institute & Centre for Community Child Health, 2009). Evidence is clear that partnerships established with a shared vision are more effective than those established for expediency (Chen & Graddy, 2010) and that integration requires strong leadership and adequate resourcing (Phillips, Jones, & Head, 2010). However, arising from our previous discussion, if each individual service fails to address oppression and racism appropriately, will these services, when they form a group of services operating in partnership, exacerbate social exclusion?

Discussion—Ways Forward

Data for the project were gathered some time before the publication of the federal government’s social inclusion agenda (Department of the Prime Minister and Cabinet,

2010) and the reflective articles that accompanied in 2009 (see <http://www.socialinclusion.gov.au/Documents>). Nevertheless, our participants’ reflections and experience help create an understanding of the practical context in which the inclusion agenda was being operationalized in Australia. At the same time, there is a growing critique of social inclusion in general, and specifically its assumptions that inclusion is ultimately good for all (Edwards, 2008).

The social inclusion agenda defines current social work practice but is little theorized by its practitioners or by policy makers. We show that our participants, in identifying best practice, follow standard procedures that are well reported in the literature and widely understood. However, this understanding does not address the hidden and unacknowledged racism underpinning their practice. We hope that our positioning of these practices in a beginning theoretical understanding might serve to prompt further debate. We share with our participants the need to do the best we can within the parameters in which we operate each day. However, we also seek to expand our understandings of social inclusion in the hope that our reflections may contribute, in some small way in the long-term, to improving outcomes for children and families. We suggest, as have other authors (Augoustinos & Every, 2010; Berman & Paradies, 2010; Durey, 2010; Pon, 2009), that as we move forward, we will only achieve this end through a process of committed, reflexive cooperation that is shared across stakeholders. As suggested by Pon (2009), we need to “. . . forgo the overambitious effort of trying to master cultural content; instead [we] might focus on how knowledge of ‘others’ is constructed in the first instance” (p. 68).

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Notes

1. Normalization is defined by Wolfensberger (1980) as “Utilisation of means which are as culturally normative as possible, in order to establish, enable, or support behaviours, appearances and interpretations which are as culturally normative as possible” (p. 80).
2. Reflexivity as discussed by Webb (2006) is the process by which individuals interpret their experiences based on their experiences in the social world around them. Social practices are “. . . made and unmade through the flows of social exchange and the rich tapestry of fleeting transactions” (p. 30).

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Author Biographies

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focus around quality community-based services for children and families, issues of diversity and social inclusion and professionalisation of early childhood.

Anna Targowska is a Senior Lecturer in Children and Family Studies at Edith Cowan University. She worked for many years as an early childhood educator with children and families from many different backgrounds. She is interested in social justice and inclusion particularly in relation to children and families from CaLD backgrounds.

Judy Kulisa was a Lecturer in Youth Work at Edith Cowan University and is now retired. She is a very experienced youth worker and a key figure in the state youth work peak body. She has a strong interest in issues relating to social inclusion as they impact on young people.

Susan Teather is a Lecturer in Children and Family Studies at Edith Cowan University. She worked as an early childhood educator and is interested in quality services for children and their families.